

Behavior Change Communication (BCC)



Definition:

- Many health and development programs use behavior change communication (BCC) to improve people's health and wellbeing in areas including Hygiene and sanitation, family planning, reproductive health, maternal and child health.
- BCC is a process that motivates people to adopt and sustain healthy behaviors and lifestyles. Sustaining healthy behavior usually requires a continuing investment in BCC as part of an overall health program.
- After knowing the health problem at hand, we then need to come up with communication objectives describing desired changes in indirect influences on behavior, such as knowledge, attitudes, and social norms. Behavior change objectives refer to intended changes in the audience's actual behavior. Behaviors are influenced by knowledge attitude & social norms.
- Together, communication and behavior change objectives contribute to the overall program objective, which refers to anticipated results of the overarching health program



1. Determine causes and severity of the health issue, noting differences by audience characteristics such as gender, age, and ethnicity.
2. Identify possible health-related behaviors that could be encouraged or discouraged.
3. Identify social, economic, and political factors blocking or facilitating desired behavior changes.
4. Develop a problem statement that summarizes the above points to help identify what aspects of the health issue can be addressed through communication.





Total Pop in project area	People practicing unsafe hygiene in project area-Target	BCC Reach so far	BCC % Reach out of target	BCC % Reach out of total population
24,267	16,987 (70% of population)	6,015	35.4%	24.7%



1. Identify primary audience (people who are at risk of or are suffering from the health problem) and secondary audiences
2. People who influence health behaviors of primary audience.
3. Collect in-depth information about the audience: What are their knowledge, attitudes, and beliefs about health? Probably through KPI.
4. What factors affect their health behaviors? What are their media habits? What access do they have to information, services, and other resources?
5. What are their current practices?

Conduct participant analysis.

What other people or groups can participate in the BCC program (partners, stakeholders ? These may include nongovernmental organizations, professional associations, schools, faith-based groups, and the media.

1. What skills or resources can they offer? What would motivate their participation?
2. What are the strengths and weaknesses of each channel? For example, how effective are the channels in reaching the audience? How many people can they reach?

Challenges in BCC

1. Determining the needs/messages for different segments of the population- Are there different groups of people who have similar needs, preferences, and characteristics (audience segments)?
2. Customizing messages-Will the BCC program need customized messages and materials to suit audience segments?
3. Developing a profile, or description, of each audience segment to help the creative team develop effective messages and materials later
4. Communication channels through which to send the messages. What communication channels are available?
5. Determine resources needed and costs

Lessons learned

1. Understand potential participants in the program (Formative Research)
2. Identify primary audience (people who are at risk of or are suffering from the health problem) and secondary audiences (people who influence health behaviors of primary audience).
3. Collect in-depth information about the audience: What are their knowledge, attitudes, and beliefs about health?
4. What factors affect their health behaviors? What are their media habits? What access do they have to information, services, and other resources?

Lessons Continued

6. Be open and public about the program's objectives.
7. Respond to the audience's expressed needs.
8. Involve audience members and other key stakeholders in the analysis of their own concerns.

Participatory techniques include:

- Scoring and preference ranking (community members weigh different problems or program options as to how well they meet various criteria)
- Community mapping and modeling. In this process community members draw a map of their community to identify what programs are available and where they may be needed most